| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |   |   |                                   |              |   |        |   | Application or Docket Number |            |                     |                        |
|--|--|---|---|-----------------------------------|--------------|---|--------|---|------------------------------|------------|---------------------|------------------------|
|  |  | CLAIMS A                                      | AS FILED ~  |                                   | -            | (Column 2)                              |        | SMALL ENT<br>TYPE                       | TITY                         | OR         | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |                                   |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ΙΓ     | RATE                                    | FEE                          | 1          | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                                 |                                   | LAR          | GE ENT. = \$ 300                        | В      | ASIC FEE                                |                              | OR         | BASIC FEE           | 371)                   |
| EXAMINATION FEE  |  |   | Satisfies PCT-Article 33(1)-<br>(4) = \$50 / \$ 100 |                                   |              | ther situations =                       | E      | XAM. FEE                                |                              | 1 .        | EXAM. FEE           | 27)                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cour \$ 200 / \$         | 50 / \$ 100<br>ntries =           |              | ther situations =<br>\$ 250 / \$ 500    | s      | EARCH FEE                               |                              |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                                   |              | / 50 ≐                                  |        | X \$ 125 =                              |                              |            | X \$ 250 =          | ×                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 9 min   | nus 20 =                          | *            | 4                                       |        | X \$ 25 =                               |                              | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | 2 mi  | inus 3 =                          | *            |   |        | X \$ 100 =                              |                              | OR         | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                | ESENT   |                                   |              |   |        | + \$ 180 =                              |                              | OR         | + \$ 360 =          | 360                    |
| * If   | the difference                                 | olumn 2                                       |   | TOTAL                             |              | OR                                      | TOTAL  | 1261                                    |                              |            |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)          |  |   |   |                                   |              |   | _      | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |            |                     |                        |
| TA T   |  | CLAIMS REMAINING AFTER AMENDMENT              |   | HIGH<br>NUMB<br>PREVIC<br>PAID    |              | PRESENT<br>EXTRA                        |        | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus .   | **                                |              | =                                       |        | X \$ 25 =                               |                              | OR         | X \$ 50 =           |                        |
| AMEN   | Independent                                    | *   | Minus   | ***                               |              | =                                       |        | X \$ 100 =                              | -                            | OR.        | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |   |        | + \$ 180 =                              |                              | OR         | + \$ 360 =          |                        |
| ,  |  |   |   |                                   |              |   | T      | OTAL ADDIT.<br>FEE                      |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
| l  |  | (Column 1)                                    |   | (Colun                            | nn 2)        | (Column 3)                              |        |   |                              | - <b>.</b> |                     |                        |
| 4TB  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA                        |        | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus   | **                                |              | =                                       |        | X \$ 25 =                               | •                            | OR         | X \$ 50 =           |                        |
| AMENDMENT B  | Independent                                    | •   | Minus   | ***                               |              | = /                                     |        | X \$ 100 =                              |                              | OR         | X \$ 200 =          |                        |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |   |        | + \$ 180 =                              |                              | OR         | + \$ 360 =          | ·                      |
|  |  |   |   |                                   |              |   |        | OTAL ADDIT.<br>FEE                      |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
|  |  | ımn 1 is less than the                        |   |                                   |              |   |        |   |                              | ,          |                     |                        |
| ***  | If the "Highest Nu                             | imber Previously Pai<br>inber Previously Paid | d For" IN THIS SP.                                  | ACE is less                       | s than '3'   | ', enter "3".                           | in the | appropriate box                         | : In column 1.               |            |                     |                        |

Palent and Trademark Office - U.S. DEPARTMENT OF COMMERCE